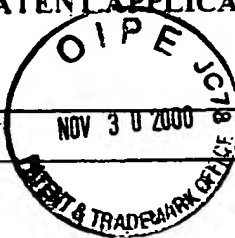


#3

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEYU.S. DEPARTMENT OF COMMERCE
Patent and Trademark Office

ATTORNEY DOCKET NO.: 051638-5001-01

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**A METHOD AND SYSTEM FOR SELECTING OPTIMAL COMMODITIES BASED
UPON BUSINESS PROFILE AND PREFERENCES**

the specification of which:

is attached hereto; or

was filed as United States application Serial No. 09/611,958 on July 6, 2000 and was amended on _____ (if applicable); orwas filed as PCT international application Number _____ on _____ and was amended under PCT Article 19
on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office information which is material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate or §365(a) of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN APPLICATION(S):

COUNTRY (if PCT, indicate PCT)	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration For Patent Application and Power of Attorney - (Continued)
 (includes Reference to PCT International Applications)

ATTORNEY DOCKET NO.: 051638-5001-01

I hereby claim the benefits under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

U.S. PROVISIONAL APPLICATIONS

U.S. PROVISIONAL APPLICATION NO.	U.S. FILING DATE

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or §365(c) of any PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to the patentability of claims presented in this application in accordance with Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT:

U.S. APPLICATIONS		STATUS (Check One)		
U.S. APPLICATION NO.	U.S. FILING DATE	PATENTED	PENDING	ABANDONED
09/497,483	February 4, 2000		X	

POWER OF ATTORNEY: As a named inventor, I hereby appoint the registered practitioners of Morgan, Lewis & Bockius LLP included in the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to that Customer Number.

Customer Number: 009629

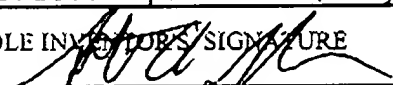
Direct Telephone Calls To:
 (name and telephone number)

Mary Jane Boswell
202-467-7646

Combined Declaration For Patent Application and Power of Attorney - (Continued)
(includes Reference to PCT International Applications)

ATTORNEY DOCKET NO.: 051638-5001-01

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE OR FIRST INVENTOR	Scott Andrew SNYDER	
RESIDENCE & CITIZENSHIP	Berwyn, Pennsylvania U.S.A.	COUNTRY OF CITIZENSHIP United States
POST OFFICE ADDRESS	371 Bair Road, Berwyn, Pennsylvania U.S.A.	
FIRST OR SOLE INVENTOR'S SIGNATURE X 	DATE 11/30/00	
FULL NAME OF SECOND INVENTOR		
RESIDENCE & CITIZENSHIP		COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		
SECOND INVENTOR'S SIGNATURE	DATE	
FULL NAME OF THIRD INVENTOR		
RESIDENCE & CITIZENSHIP		COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		
THIRD INVENTOR'S SIGNATURE	DATE	

Listing of Inventors Continued on attached page(s) ☐ Yes ☒ No



#3

PATENT

ATTORNEY DOCKET NO.: 051638-5001-01

STATEMENT CLAIMING SMALL ENTITY STATUS
37 C.F.R. §§1.9(f) and 1.27(c)-SMALL BUSINESS CONCERN

Applicant or Patentee: Scott A. SNYDER

Application or Patent No.: 09/611,958

Filed or Issued: July 6, 2000

Title: **A METHOD AND SYSTEM FOR SELECTING OPTIMAL COMMODITIES BASED
UPON BUSINESS PROFILE AND PREFERENCES**

I hereby state that I am

☐ the owner of the small business concern identified below:☒ an official of the small business concern empowered to act on behalf of the concern identified below:

NAME OF CONCERN: OmniChoice.com, Inc.

ADDRESS OF CONCERN: 680 American Avenue, Suite 100, King of Prussia, PA 19406

I hereby state that the above identified small business concern qualifies as a small business concern as defined in 13 C.F.R. §121, and reproduced in 37 C.F.R. §1.9(d), for purposes of paying reduced fees to the United States Patent and Trademark Office, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention, entitled **A METHOD AND SYSTEM FOR SELECTING OPTIMAL COMMODITIES BASED UPON BUSINESS PROFILE AND PREFERENCES**.

described in: ☐ the specification filed herewith with the title as listed above.
☒ the application identified above.
☐ the patent identified above.

If the rights held by the above identified small business concern are not exclusive, each individual, concern or organization having rights in the invention is listed below and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 C.F.R. §1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 C.F.R. §1.9(d) or a nonprofit organization under 37 C.F.R. §1.9(e).

NAME:		
ADDRESS:		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NON PROFIT ORGANIZATION
NAME:		
ADDRESS:		
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> SMALL BUSINESS CONCERN	<input type="checkbox"/> NON PROFIT ORGANIZATION

ATTORNEY DOCKET NO.: 051638-5001-01

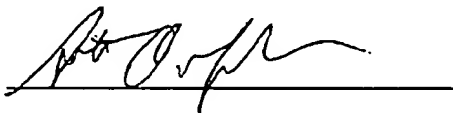
Application No.: 09/611,958

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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small business entity is no longer appropriate. (37 C.F.R. §1.28(b)).

NAME OF PERSON SIGNING: Scott A. SnyderTITLE OF PERSON IF OTHER THAN OWNER: PresidentADDRESS OF PERSON SIGNING: 371 Bair Road, Berwyn, Pennsylvania

1 SIGNATURE



DATE

11/30/00